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CONFIRMATION NO. 4956

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
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| 10/700,018 | 11/03/2003 | 435 | 1637 | 25006.0003U4 |
| RULE | | | | |
| APPLICANTS Paul M. Lizardi, Hamden, CT; ** CONTINUING DATA ***** This application is a CON of 09/911,226 07/23/2001 PAT 6,642,034 which is a CON of 09/397,915 09/17/1999 PAT 6,280,949 which is a CON of 08/946,732 10/08/1997 PAT 6,124,120 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY ** 12/22/2003 | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance Verified and /JOYCE TUNG/ Acknowledged Examiner's Signature Initials | | | | |
| STATE OR COUNTRY CT | | SHEETS DRAWINGS 4 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 3 |
| ADDRESS NEEDLE & ROSENBERG, P.C. SUITE 1000 999 PEACHTREE STREET ATLANTA, GA 30309-3915 UNITED STATES | | | | |
| TITLE Multiple displacement amplification | | | | |
| FILING FEE RECEIVED 435 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |